PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Pate Commissioner for Patents FEB 0 8 2007 P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885 INSTRUCTIONS: This food should be to INSTRUCTIONS: This total should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 33772 7590 11/24/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. MCDONALD HOPKINS CO., LPA 2100 BANK ONE CENTER 600 SUPERIOR AVENUE, E. CLEVELAND, OH 44114-2653 (Depositor's name) Vasquez 02/08/2007 FMETEKI2 00000067 10766165 (Signature) (Date February 01 FC:2501 700.00 OP FILING DATE APPLICATION NO. FIRST NAMED INVENTOR CONFIRMATION NO. ATTORNEY DOCKET NO 10/766,165 01/28/2004 James Matthew Stephens 25692-00003 TITLE OF INVENTION: SYNTHETIC URINE AND METHOD OF MANUFACTURING SAME APPLN, TYPE SMALL ENTITY **ISSUE FEE DUE** PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE

nonprovisional	YES	\$700	\$300	\$0	\$1000	02/26/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
WALLENHORST, MAUREEN		1743	436-008000		•	•
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternati (2) the name of a single registered attorney or a	3 registered patent attorneys	2	d Hopkins LLC
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON	THE PATENT (print or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO	data will appear on the patent. If an assignee is identified below, the document has been filed for DT a substitute for filing an assignment.			
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Please check the appropriate assignee category or categories (will not be p	rinted on the patent):			
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any			
5. Change in Entity Status (from status indicated above)	overpayment, to Deposit Account Number 3-0265 (enclose an extra copy of this form).			
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted interest as shown by the records of the United States Patent and Trademark.	ed from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in k Office.			
Authorized Signature	Date February 5, 2007			
Typed or printed name <u>David B. Cupar</u>	Registration No. 47,510			
This collection of information is required by 37 CFR 1 311. The information	on is required to obtain or retain a benefit by the public which is to file (and by the LISPTO to process)			

Inis collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application: James Matthew Stevens

Group Art Unit: 1743

Serial No.: 10/766,165

Examiner: Wallenhorst, Maureen

Filing Date: January 28, 2004

Docket No.: 25692-00003

Title:

SYNTHETIC URINE AND METHOD OF MANUFACTURING SAME

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8

Dear Sir:

I hereby certify that these papers are being deposited with the United States Postal Service with sufficient postage as first class mail on the date below and in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit

(Typed or Printed Name)

Documents Enclosed:

- 1. Issue Fee Transmittal (1 page)
- 2. Check in the amount of \$1,000.00
- 3. Return Receipt Postcard